

CHAPTER 1

INTRODUCTION

Section I. ORGANIZATION AND FUNCTION OF THE DIVISION
MEDICAL OPERATIONS CENTER

1-1. Division

The division is the basic unit of the combined arms and services of the Army. It is the smallest unit in which all arms and services are represented in sufficient strength to permit large-scale operations. To achieve and maintain readiness, division commanders need the right supplies, equipment, and personnel at the right place, at the right time, and in the right quantity. The DISCOM is responsible for monitoring this readiness and ensuring that the force is manned, armed, fueled, fixed, and moved, and that soldiers and their systems are sustained.

1-2. Division Support Command

a. The DISCOM is organized to provide the maximum amount of combat service support (CSS) within prescribed strength limitations while providing the most effective and responsive support to tactical units in a combat environment. In order to provide responsive support to the tactical commander, logistics, medical, and personnel services support must be effectively organized and positioned as far forward as necessary to support the tactical plan.

b. Division-level CHS is coordinated and provided by the DISCOM medical elements listed below:

- Division medical operations center, DISCOM HHC, located in the DSA.
- Main support medical company, MSB, located in the DSA.
- Forward support medical company, FSB, located in the BSA.

1-3. Missions and Capabilities of the Division Medical Operations Center

a. The DMOC's mission is to plan, coordinate, and synchronize the division's CHS with technical medical advice from the division surgeon. The division surgeon and the DMOC chief have joint responsibilities for CHS operations in the division. Their staff positions in the division and DISCOM require a close working relationship and coordination of their CHS activities. This CHS includes but is not limited to Echelons I and II medical treatment which involves—

- Emergency medical treatment.
- Advanced trauma management.
- Emergency and general dental treatment.
- Preventive dentistry.
- Limited radiological services.
- Limited laboratory services.
- Limited pharmacy services.
- Limited patient holding capabilities.
- Psychiatric consultation and combat stress control (CSC).
- Preventive medicine (PVNTMED).
- Limited optometry services.
- Medical evacuation support by air and ground ambulances.

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- Class VIII resupply and blood support.
- Medical maintenance.

b. The DMOC is also responsible for coordinating general support (GS) and direct support (DS) relationships of organic medical units and medical units/elements under operational control (OPCON) or attached to the division. Detailed responsibilities are addressed in paragraph 1-4. Appendix A discusses Geneva Conventions compliance for CHS operations.

1-4. Responsibilities of the Division Medical Operations Center

a. The DMOC staff is responsible to the DISCOM commander for staff supervision of CHS within the DISCOM. The division surgeon and DMOC chief will develop operating procedures which will enhance the flow of information and facilitate the synchronization of CHS operations within the division. It is imperative that the division surgeon and the DMOC chief work as a team. Both share equal responsibility for planning and overseeing CHS operations. The DMOC is responsible for monitoring CHS activities within the division area and keeping the DISCOM commander informed of the status of CHS. The division surgeon is informed of the DISCOM's CHS status through reports prescribed by the tactical standing operating procedures (TSOP) (see Appendix B).

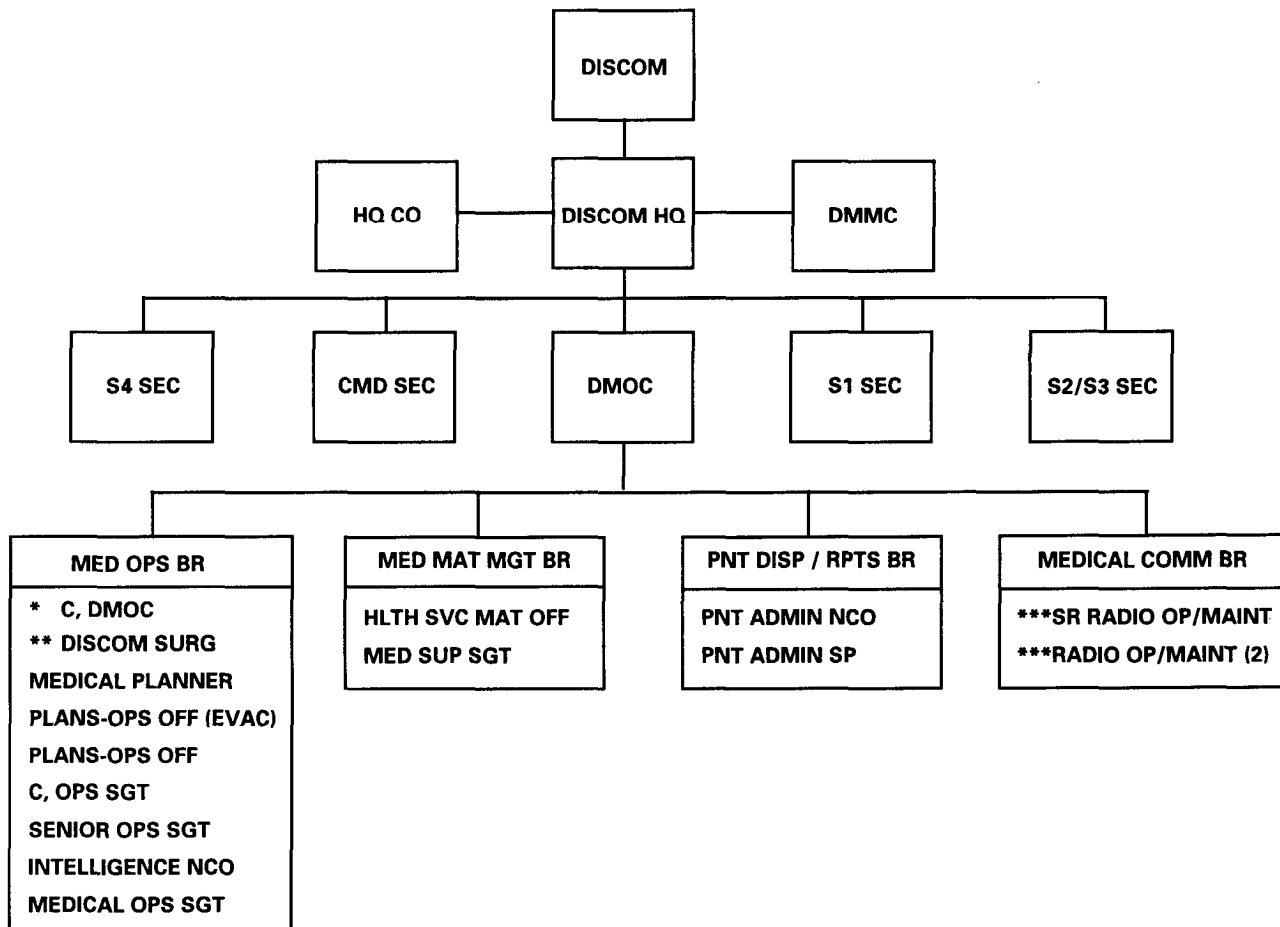
b. Figure 1-1 shows the typical organization and staffing of the center. The DMOC consists of a medical operations branch, a medical materiel management branch (MMMB), a patient disposition and reports branch, and a medical communications branch.

c. The DMOC staff assists the division surgeon in planning and conducting division CHS

operations.
include—

Specific functions of the DMOC

- Planning and ensuring that Echelons I and II CHS for the division is provided in a timely and efficient manner.
- Developing and maintaining the DISCOM medical troop basis, revising as required, to ensure task organization for mission accomplishment.
- Planning and coordinating CHS operations for DISCOM organic medical assets, attached, or OPCON corps assets. This includes reinforcement and reconstitution.
- Coordinating with the DISCOM Operations and Training Officer (US Army) (S3), and division surgeon to prioritize the reallocation of organic and corps medical augmentation assets as required by the tactical situation.
- Overseeing division TSOPs, plans, policies, and procedures for CHS, ensuring they are prepared and executed as applicable.
- Overseeing medical training and providing information to the division surgeon and DISCOM commander.
- Coordinating and prioritizing combat health logistics (CHL) blood management requirements for the division.



- * MAY BE CARRIED IN THE DISCOM COMMAND SECTION OR MAY BE SHOWN UNDER THE DMOC.
- ** DUAL-HATTED AS THE MSMC COMMANDER.
- *** NOT AUTHORIZED WHEN SINGLE-CHANNEL GROUND AND AIRBORNE RADIO SYSTEMS (SINCGARS) ARE FIELDDED.

NOTE: THIS FIGURE DEPICTS THE STAFFING FOR A HEAVY DIVISION AS AUTHORIZED BY THE BASE TOE. THE LIGHT INFANTRY, AIRBORNE, AND AIR ASSAULT DIVISIONS HAVE SIMILAR STAFFING. PERSONNEL RESOURCES ARE SUBJECT TO CHANGE. THE LATEST BASE AND MODIFIED TOEs SHOULD BE CHECKED FOR CURRENT STAFFING AUTHORIZATIONS.

Figure 1-1. Division medical operations center.

- Collecting and disseminating medical threat information and coordinating combat health intelligence requirements with the division Assistant Chief of Staff (Intelligence) (G2) according to FM 8-10-8.
- Facilitating functional integration between CHS and military intelligence staff elements within the division. This is done in support of the intelligence preparation of the battlefield.
- Coordinating and directing patient evacuation from division-level medical treatment facilities (MTFs) to corps-level MTFs. This is accomplished through the medical brigade/group medical regulating officer (MRO).
- Coordinating the medical evacuation of all enemy prisoner of war (EPW) casualties.
- Coordinating and managing the disposition of captured medical materiel.
- Coordinating, planning, and prioritizing PVNTMED missions.
- Coordinating corps dental support when the tactical situation permits.
- Coordinating with the supporting veterinary element pertaining to subsistence and animal disease surveillance.

1-5. Division Medical Operations Center Chief

The chief, DMOC, has overall responsibility for directing and coordinating the activities of the DMOC. The chief, DMOC—

- Coordinates Army Medical Department (AMEDD) personnel assignments and replacements with the division surgeon.
- Requests DISCOM AMEDD personnel replacements through the DISCOM Adjutant (US Army) (S1).

NOTE

The division surgeon coordinates with the Assistant Chief of Staff (Personnel) (G1) for AMEDD personnel assignments and replacements for the division.

- Identifies division CHS requirements.
- Prioritizes CHS activities for division operations.
- Provides input to the DISCOM's service support annex.
- Provides analysis of medical threat to DISCOM commander, division surgeon, and appropriate DISCOM staff elements.
- Integrates medical intelligence into division-level CHS operations planning and execution.
- Coordinates command relationships of corps-level medical augmentation

according to CHS requirements and the TSOP.

- Advises, assists, and mentors FSMC commanders and battalion-level medical platoon and section leaders on all CHS issues.

1-6. Medical Operations Branch

The medical operations branch is typically staffed with—

- Chief, DMOC.
- The DISCOM surgeon (assigned to MSMC and dual-hatted as DISCOM surgeon).
- Medical planner.
- Plans and operations officer (evacuation).
- Plans operations officers.
- Chief operations sergeant.
- Senior operations sergeant.
- Intelligence noncommissioned officer (NCO).
- Medical operations sergeant.
- Administrative specialist.

a. *Responsibilities.* The medical operations branch is responsible for—

- Developing and coordinating patient evacuation support plans among the DISCOM, division,

and the corps medical group's medical evacuation battalion.

- Coordinating corps-level CHS for the division with the corps medical brigade/group.
- Submitting Army airspace command and control (A2C2) requirements for aeromedical evacuation elements to the division Assistant Chief of Staff (Operations and Plans) (G3) and aviation brigade.
- Ensuring A2C2 information is provided to supporting corps air ambulance assets. The A2C2 information is normally provided by G3 Air at division and by the brigade S3 Air in the maneuver brigades.
- Coordinating for aviation weather information from US Air Force (USAF) WX (weather) detachment in the aviation brigade.
- Ensuring road clearance information is provided to the DISCOM movement control office (MCO) and all ground ambulance assets. This information may include—
 - Nuclear, biological, and chemical (NBC) threat.
 - Priorities for use of evacuation routes.
 - Information reported by medical evacuation assets.

- Monitoring medical troop strength to determine task organization for mission accomplishment.
- Forwarding all medical information of potential intelligence value to the DISCOM Intelligence Officer (US Army) (S2)/S3 section.
- Obtaining updated medical threat and intelligence information through the DISCOM S2/S3 section for evaluation and applicability.
- Managing the disposition of captured medical materials according to TSOPs.
- Coordinating CSC team support to forward areas with MSMC and division mental health section (DMHS).
- Monitoring division optometry services.

b. Chief Division Medical Operations Center. The duties and responsibilities of the chief, DMOC, were discussed in paragraph 1-5 above.

c. Division Support Command Surgeon. The DISCOM surgeon is dual-hatted as the MSMC commander. For a description of his duties as MSMC commander, see FMs 8-10-1 and 63-21. In his duties as the DISCOM surgeon, he provides staff advice on medical issues to the DISCOM commander and the chief, DMOC. He maintains and manages medical priorities within the DISCOM.

(1) He commands and provides technical assistance to specific elements of the

MSMC that provide divisionwide services. These include the—

- Preventive medicine section.
- Mental health section.
- Optometry section.

(2) Responsibilities of the DISCOM surgeon also include—

- Coordinating with adjacent units on health policies, procedures, and medical threats, as necessary.
- Providing the chief, DMOC, with update briefings on health-related programs, policies, and threats, as necessary.
- Providing technical input to the division CHS plan.
- Monitoring the division PVNTMED program to ensure its effectiveness.
- Monitoring the division mental health program for implementation of stress prevention measures.
- Assisting in implementing the division surgeon's medical training programs and training policy.
- Developing CHS estimates.

d. Medical Planner. The medical planner develops and maintains the medical troops basis. He ensures task organization for mission

accomplishment. He is the chief of the medical operations branch. He is the primary architect of the division CHS plan, based on the commander's intent, guidance from the chief, DMOC, and input from the division surgeon. He monitors brigade and division operations to ensure adequacy of CHS for the supported force.

e. Plans and Operations Officer for Evacuation. The plans and operations officer for medical evacuation plans and coordinates patient evacuation to corps-level medical facilities by Army assets. This officer develops and coordinates medical evacuation plans with the supporting corps-level medical elements. He coordinates with division A2C2 elements to ensure that the supporting corps aeromedical evacuation units receive up-to-date overlays and A2C2 information. He coordinates for aviation weather information from the USAF WX detachment in the aviation brigade.

f. Plans and Operations Officer. The plans and operations officer assists the medical planner with developing and coordinating the division CHS plan. He monitors and tracks CHS operations and updates the medical planner and chief, DMOC, as necessary. He coordinates with division command and control (C2) elements to ensure task organization for mission accomplishment. Based on the commander's intent and guidance from the DISCOM surgeon, he plans for the distribution of PVNTMED and division mental health resources.

g. Chief Operations Sergeant. The chief operations sergeant assists the chief, DMOC, in accomplishing his operational duties. He coordinates and supervises the administration functions within the DMOC.

h. Senior Operations Sergeant. The senior operations sergeant assists the medical planner. He supervises the activities of subordinate enlisted personnel assigned to this branch.

i. Operations Sergeant for Evacuation. The operations sergeant for evacuation assists the plans and operations officer for evacuation in accomplishing his duties.

j. Intelligence Noncommissioned Officer. The intelligence NCO reviews information of potential intelligence value. He coordinates intelligence information with DISCOM S2/S3 section. He works in conjunction with the DISCOM S2 in determining likely enemy movement and expected enemy actions which will affect CHS requirements and operations. He assists in coordinating the disposition of captured medical materiel with the medical logistics (MEDLOG) battalion (forward). This NCO prepares and monitors the division medical intelligence program.

k. Medical Operations Sergeant. The medical operations sergeant assists the senior operations sergeant and the plans and operations officer with the accomplishment of their duties.

l. Administrative Specialist. The administrative specialist provides administrative support for the DMOC. He is also designated as a driver.

1-7. Medical Materiel Management Branch

a. The MMMB is responsible for planning, coordinating, and prioritizing CHL and medical equipment maintenance programs for the division. The branch is staffed with a health service materiel officer (HSMO) and a medical supply sergeant.

b. The specific responsibilities of this branch include the following:

- Providing the division CHL input to the CHS plan in coordination with supporting MEDLOG battalion (forward).

- Coordinating medical maintenance training with supporting MEDLOG battalion (forward), as required.
 - Establishing maintenance priorities for repair and exchange of medical equipment (this is coordinated by the division medical supply office [DMSO]) using the Theater Army Medical Management Information System (TAMMIS).
 - Ensuring that a viable preventive maintenance program is established and monitored.
 - Coordinating the evacuation and replacement of medical equipment with the MEDLOG battalion (forward).
 - Verifying emergency supply requests for submission to the corps MEDLOG battalion (forward), and taking the necessary action to expedite shipment.
 - Analyzing division medical supply operations, identifying trends in performance, and providing technical advice, as necessary.
 - Establishing and managing, in coordination with the division and DISCOM surgeons, the medical critical items list.
 - Interfacing with the division materiel management center (DMMC) and MCO to ensure necessary coordination with the division supply and transportation system occurs.
 - Establishing transportation procedures, based on the tactical situation, with the MEDLOG battalion (forward).
 - Providing technical staff assistance for the DMSO, as required, to ensure divisionwide support for CHL and blood management.
 - Establishing coordination procedures for the disposition of captured medical materiel.
- c. Health Service Materiel Officer.* The HSMO assigned to the MMMB coordinates and manages the CHL support for the division. The HSMO also coordinates and monitors medical equipment maintenance programs for the division.
- d. Medical Supply Sergeant.* The medical supply sergeant assists the HSMO in accomplishing medical supply duties.
- 1-8. Patient Disposition and Reports Branch**
- a. Staffing and Responsibilities.* The patient disposition and reports branch is responsible for coordinating patient disposition throughout the division. It is typically staffed with a patient administration NCO and a patient administration specialist. The branch obtains and coordinates disposition of patients with the DMOC medical operations branch and corps MRO. It prepares and forwards appropriate medical statistical reports as required.
- b. Patient Administration NCO.* The patient administration NCO assists the operations officer for evacuation in the coordination of patient disposition in the division. This NCO prepares the

required patient statistical reports and coordinates their timely submission to higher headquarters. He also supervises the patient administration specialist.

c. Patient Administration Specialist.

The patient administration specialist assists the patient administration NCO in preparing patient statistical reports and in performing other patient administration functions. He also operates the Tactical Army CSS Computer System (TACCS).

1-9. Medical Communications Branch

a. Responsibilities of the Medical Communications Branch. The medical communications branch is responsible for the operation of the radio and wire communications systems for the DMOC. This branch is typically staffed with a tactical communications chief, a senior radio operator, and single-channel radio operators. The medical communications branch establishes external radio and internal wire communications systems and performs the following:

- Coordinates radio communications with the DISCOM communications branch and with the division signal battalion.
- Establishes amplitude modulated (AM), improved high-frequency radio (IHFR), and frequency

modulated (FM) communications. Establishes and maintains AM and IHFR communications with subordinate DISCOM medical companies and supporting corps medical units.

- Coordinates wire and mobile subscriber equipment (MSE) communications requirements with the DISCOM communications branch and division signal battalions.
- Coordinates through the operations officer with the assistant division signal officer (ADSO) for additional information support systems, as required, to meet mission requirements. This may include the use of single- and multichannel satellite assets.

b. Senior Radio Operator/Maintainer.

The senior radio operator/maintainer supervises the enlisted personnel in the operation of the radio and wire communications systems. He is responsible for operating the field radio and for supervising the single-channel radio operators.

c. Radio Operators/Maintainers.

There are two radio operators/maintainers that operate the single-channel field radio on a 24-hour basis.

Section II. DIVISION MEDICAL OPERATIONS CENTER INTERFACE FOR COMBAT HEALTH SUPPORT OPERATIONS

1-10. Interface with the Division Support Command Staff

The S1 provides and coordinates personnel support for the command. The DISCOM S1's responsibilities are listed in FM 63-2.

(1) The S1's responsibilities include—

- Tracking critical medical military occupational specialties (MOS).

- Reporting casualties.
- Conducting replacement operations.
- Making casualty projections for the DISCOM.
- Monitoring patient evacuation and mortality.

(2) Reports submitted from the DMOC to the S1 should be identified in the DISCOM TSOP. These reports may vary depending on the needs of the command.

(3) The DMOC and the S1 must work together and coordinate their staff and operational activities to ensure mission accomplishment.

b. The S2/S3 section is primarily involved with plans, operations, intelligence, and security. The elements of the S2/S3 and its numerous responsibilities are listed in FM 63-2.

(1) Elements of the DMOC and elements of the S2/S3 work together to synchronize CHS activities to division operations. Examples of the coordination that must take place between elements of the DMOC and elements of the S2/S3 section are shown in Table 1-1.

(2) The S2/S3 and the chief, DMOC, must be informed of staff activities and be involved with the decision-making process.

c. The DISCOM Supply Officer (US Army) (S4) is responsible for all logistics matters pertaining to DISCOM units. The DISCOM S4's responsibilities are listed in FM 63-2.

(1) The DMOC is dependent on the DISCOM S4 for logistics support other than medical.

(2) The DMOC must coordinate with the S4 for—

- Assignment of facilities and locations within the DISCOM headquarters area.
- Critical supply items list (nonmedical).

1-11. Interface with Division Staff

a. Interface with the division staff sections on division CHS is performed for the DISCOM commander by the DMOC in consultation with the division surgeon. The DISCOM commander and S2/S3 are kept informed, as required, when DMOC elements interface with division staff elements.

b. The chief, DMOC, monitors and coordinates CHS to division units according to technical guidance provided by the division surgeon.

c. The chief, DMOC, keeps the division surgeon informed on all division CHS activities.

d. The interface between the DMOC and division staff sections will normally occur through the DISCOM headquarters or through the division surgeon. Direct interface between the DMOC and division staff sections maybe required. Examples of subject areas where direct interface may occur are shown in Table 1-2, page 1-12.

e. The DMOC and division staff share a mutual interest in a number of areas. These areas are depicted in Table 1-3, page 1-12.

Table 1-1. Coordination Between DMOC and S2/S3 Section

SUBJECT AREA	DISCOM S2/S3	DISCOM DMOC
PLANNING	PLANS-INTEL BR SPT OPS SEC SPT OPS SEC COMM BR	MED OPS BR MED OPS BR MED MAT MGT BR MED COMM BR
RELOCATING CHS ELEMENTS	SPT OPS SEC	MED OPS BR
PREVENTIVE MEDICINE	SPT OPS SEC DIV FOOD ADVISOR PLANS-INTEL BR	MED OPS BR MED OPS BR MED OPS BR
MEDICAL SUPPORT REQUEST	S2/S3 OFC PLANS-INTEL BR SPT OPS SEC	MED OPS BR MED MAT MGT BR
MEDICAL INFORMATION OF POTENTIAL INTELLIGENCE VALUE	PLANS-INTEL BR	MED OPS BR
CORPS SUPPORT	SPT OPS SEC	MED OPS BR
MEDICAL ELEMENTS CIVIL AFFAIRS ACTIVITIES	PLANS-INTEL BR	MED OPS BR
CLASS VIII RESUPPLY	SPT OPS SEC MCO	MED OPS BR MED MAT MGT BR
NUCLEAR, BIOLOGICAL, CHEMICAL DEFENSE	PLANS-INTEL BR	MED OPS BR
SMOKE/OBSCURATION	PLANS-INTEL BR	MED OPS BR
ENEMY PRISONER OF WAR OPERATIONS	PLANS-INTEL BR	MED OPS BR
MAINTENANCE	SPT OPS SEC	MED OPS BR MED MAT MGT BR
NUTRITION INITIATIVES	DIV FOOD ADVISOR	DISCOM SURGEON

Table 1-2. Interface Between DMOC and Division Staff Section

SUBJECT	DIVISION STAFF SECTION
CASUALTY ESTIMATES	G1
ARMY AIRSPACE COMMAND AND CONTROL	G3-AIR
HEALTH CARE POLICY	G1/G3
CIVIL AFFAIRS AND HOST-NATION SUPPORT	G5
FOOD SERVICE AND PREVENTIVE MEDICINE ISSUES	G4
CLASS VIII PLANNING FACTORS	G4

Table 1-3. Areas of Mutual Interest for DMOC and Division Staff

SUBJECT	DIVISION STAFF SECTION
MEDICAL INTELLIGENCE	G2
COMBAT HEALTH SUPPORT	G1/G3
CONTINGENCY OPERATIONS	G3
REPLACEMENT AND RECONSTITUTION OPERATIONS	G1/G3/G4
PREVENTIVE MEDICINE	G1/G2/G3/G4
CIVIL AFFAIRS/HOST-NATION SUPPORT	G5/G3/G4
ENEMY PRISONER OF WAR OPERATIONS	G1/G2/G3
MASS CASUALTY PLAN	G1/G2/G3/G4
NUCLEAR, BIOLOGICAL, CHEMICAL DEFENSE	G1/G2/G3/G4

1-12. Interface with the Major Commands of the Division

a. Combat Brigades. Interface with each of the combat brigades is accomplished with the S2 and S3 sections. This interface will focus on CHL and CHS requirements for the brigades. It also includes coordination for A2C2 information for air evacuation assets supporting maneuver elements.

b. Aviation Brigade. Interactions between the aviation brigade and the DMOC may include—

- Coordination for area medical support.
- Coordination for evacuation of patients using helicopters with heavy lift capabilities (CH 47).
- Coordination for air delivery of Class VIII emergency resupply.
- Coordination for appropriate aviation plans and overlays supporting division operations.
- Coordination for aviation logistics support (aviation fuel maintenance and spare parts) to support air ambulances, when required.
- Coordination for aviation weather information from the USAF WX detachment in the aviation brigade.

1-13. Interface with the Main Support Battalion

Information pertaining to the structure and operations of the MSB is provided in FM 63-21. The DMOC will interface with elements of the MSB, as required and approved by the DISCOM

commander. The DMOC may interface with elements of the MSB through the DISCOM support operations section. The interactions and coordination between the DMOC and the MSB are driven by CHS requirements of the division and changes with the tactical situation. These interactions are conducted through two different channels of communications—the command channel and the technical medical channel. Communications which take place through the technical channel pertain to CHS operations, coordination activities, patient evacuation, medical resupply, and medical personnel and equipment status reports. This technical channel of communications is designed to enhance reaction time of MSB elements to CHS operations requirements. The chief, DMOC, and the MSB commander must develop policies and procedures which clearly delineate responsibilities and coordination requirements for an effective working relationship. Tasking of the MSMC elements by the DISCOM will be through command channels.

a. The MSB S2/S3 is the focal point for internal operations for the battalion. It supervises technical and military intelligence gathering as well as formulates plans specifically geared to the battalion's mission. The S2/S3 and DMOC interface pertains to the following subject areas:

- Position of MSMC within the MSB's area of operations (AO).
- Status reports on tactical situation and conditions along main supply routes (MSRs).

b. Support operations section of the MSB is responsible for the supervision of logistical activities that are the primary mission of the battalion. The DMOC interfaces with the health service support officer (HSSO) assigned to this section concerning—

- Combat health support planning.

- Main support battalion medical elements tasking, to include reinforcement and reconstitution requirements throughout the division.
 - Class VIII resupply.
 - Evacuation of patients using nonmedical vehicles.
 - Corps CHS elements/units attached to the MSB.
- c. The MSMC provides division- and unit-level CHS and medical staff advice and assistance on an area basis to units operating in the DSA. Combat health support operations are coordinated by the DISCOM DMOC medical operations branch through technical channels. The DISCOM will task elements of the MSMC through command channels to provide division-level CHS. The interface between the MSMC and the DMOC is essential for providing required division CHS. The interaction and information exchange which is conducted through the technical medical channel is shown in Table 1-4.

Table 1-4. DMOC Interface with the Main Support Battalion

SUBJECT AREA	MSB	DMOC
COMBAT HEALTH SUPPORT	SPT OPS/HSSO, MSMC HQ	MED OPS BR
THREAT UPDATE/INFORMATION	S2/S3 SEC, MSMC HQ	MED OPS BR
OPERATIONS/PLANNING	SPT OPS/HSSO, MSMC HQ	MED OPS BR
AREA MEDICAL/DENTAL SUPPORT	SPT OPS/HSSO, MSMC HQ TREATMENT PLT HQ	MED OPS BR MED OPS BR PNT DISP/RPTS BR
EVACUATION OPERATIONS	SPT OPS/HSSO, MSMC HQ MSMC HQ MSMC AMBULANCE PLT	MED OPS BR MED OPS BR MED OPS BR
COMBAT HEALTH LOGISTICS	SPT OPS/HSSO MSMC HQ DMSO	MED OPS BR MED OPS BR MED MAT MGT BR
DIVISION PVNTMED PROGRAM	SPT OPS/HSSO MSMC HQ PVNTMED SECTION	MED OPS BR MED OPS BR
DIVISION MENTAL HEALTH PROGRAM	MSMC HQ	MED OPS BR
COMBAT STRESS CONTROL	MENTAL HEALTH SECTION SPT OPS/HSSO	MED OPS BR
DIVISION PSYCHIATRIC SERVICE	MENTAL HEALTH SECTION	MED OPS BR

Table 1-4. DMOC Interface with the Main Support Battalion (Continued)

SUBJECT AREA	MSB	DMOC
COMMUNICATIONS	MSMC HQ	MED OPS BR COMM BR
OPTOMETRY SERVICE	MSMC HQ OPTOMETRY SECTION DMSO	MED MAT MGT BR
REINFORCEMENT/RECONSTITUTION OF FORWARD MEDICAL ELEMENTS	SPT OPS/HSSO MSMC HQ TREATMENT PLT AMBULANCE PLT DMSO MENTAL HEALTH SECTION PVNTMED SECTION	MED OPS BR
CORPS MEDICAL ELEMENTS ATTACHED TO MSB	S3/SPT OPS/HSSO MSMC HQ	MED OPS BR MED OPS BR
RECORDS/REPORTS	MSMC TREATMENT PLT	PNT DISP/RPTS BR

1-14. Interface with the Forward Support Battalions

The DMOC will interface with elements of the FSB as required and approved by the DISCOM commander. The DMOC may interface with elements of the FSB through the DISCOM support operations section. This interface between the DMOC and elements of the FSB is driven by CHS requirements in the forward areas. This information will assist the DMOC in planning, coordinating, and managing division medical elements and resources in support of the battle. Communications and coordination between elements of the DMOC and the FSBs are essential for successful accomplishment of the DMOC's and FSB's CHS mission. The DMOC interface may involve the following FSB elements:

a. *S2/S3.* The S2 or S3 advises and assists the FSB commander in planning, coordinating, and supervising the communications, operations, training, security, and intelligence functions of the battalion. Interface is not limited to but will include the subject areas identified in Table 1-5.

b. *Support Operations Section.* The support operations section's mission includes DS supply, field services, DS maintenance, CHS, and limited transportation functions. The section must ensure that logistical and CHS to the supported units remain at a level consistent with the type of tactical operations being conducted. Interface between the support operations section and the DMOC maybe director indirect. This interface is accomplished through the HSSO and is not limited to but will include the subject areas identified in Table 1-5.

Table 1-5. DMOC Interface with the Forward Support Battalion

SUBJECT AREA	FSB	DMOC
TACTICAL OPERATIONS	SPT OPS SEC/HSSO	MED OPS BR
INTENSITY OF BATTLE	SPT OPS SEC/HSSO	MED OPS BR
THREAT UPDATE/INFORMATION	S2/S3 SEC SPT OPS BR/HSSO	MED OPS BR
CAPTURED MEDICAL SUPPLIES	S2/S3 SEC	
STATUS OF MEDICAL ELEMENTS	SPT OPS SEC/HSSO MED CO HQ	MED OPS BR
LOCATIONS OF UNITS	SPT OPS SEC/HSSO	MED OPS BR
ARMY AIRSPACE C2 PLANNING FOR THE BRIGADE	SPT OPS SEC/HSSO	MED OPS BR
AMBULANCE EXCHANGE POINTS	SPT OPS SEC/HSSO MED CO HQ	MED OPS BR
EMERGENCY CLASS VIII RESUPPLY & MEDICAL EQUIPMENT REPLACEMENT	MED CO HQ	MED MAT MGT BR
COMBAT HEALTH SUPPORT	MED CO HQ	MED OPS BR
OPERATIONS/PLANNING	MED CO HQ	MED OPS BR
AREA MEDICAL/DENTAL SUPPORT	MED CO HQ TREATMENT PLT HQ	MED OPS BR PNT DISP/RPTS BR
EVACUATION OPERATIONS	MED CO HQ AMBULANCE PLT	MED OPS BR MED OPS BR
COMBAT HEALTH LOGISTICS	MED CO HQ	MED OPS BR MED MAT MGT BR
DIVISION PVNTMED PROGRAM	MED CO HQ	MED OPS BR
DIVISION MENTAL HEALTH PROGRAM	MED CO HQ	MED OPS BR
COMBAT STRESS CONTROL	MED CO HQ	MED OPS BR
DIVISION PSYCHIATRIC SERVICE		MED OPS BR
COMMUNICATIONS	SPT OPS SEC MED CO HQ	MED OPS BR COMM BR

Table 1-5. *DMOC Interface with the Forward Support Battalion (Continued)*

SUBJECT AREA	FSB	DMOC
OPTOMETRY SERVICE	MED CO HQ	MED OPS BR
REINFORCEMENT/RECONSTITUTION OF FORWARD MEDICAL ELEMENTS	SPT OPS SEC/HSSO MED CO HQ TREATMENT PLT AMBULANCE PLT	MED OPS BR MED MAT MGT BR
CORPS MEDICAL ELEMENTS ATTACHED TO FSB	MED CO HQ SPT OPS SEC/HSSO	MED OPS BR
RECORDS/REPORTS	MED CO HQ TREATMENT PLT	PNT DISP/ RPTS BR

c. Forward Support Medical Company. The FSMC provides CHS for the brigade as well as area medical support for the BSA. Combat health support operations are coordinated by the DMOC medical operations branch through technical medical channels. The DISCOM tasks elements of the FSMC through command channels to provide division-level CHS. The FSMC commander has a dual role as the brigade surgeon and as the principal manager of CHS assets assigned or attached to the brigade. He provides assistance to the support operations section in planning CHS. This interface is not limited to, but will include, the subject areas identified in Table 1-5.

1-15. Interface with Corps Medical Units

Interface with corps medical units is accomplished through the corps medical brigade/group. Interface may also occur with those medical units providing support to the division. The medical brigade/group may provide subordinate units to support the division by establishing a command relationship of OPCON or attached. The medical brigade/group may also choose to maintain only a support relationship of DS or GS to support the division. The DMOC interfaces with corps medical units

according to the medical brigade/group TSOP. The DMOC and other DISCOM staff elements must be prepared to integrate corps-level medical units/elements into the medical as well as the logistical support structure. Information concerning the organization, functions, and responsibilities of the corps medical brigade/group is found in FM 8-10.

a. The corps medical brigade provides C2, including—

- Staff planning.
- Supervision of operations.
- Administration of the assigned and attached units, to include the corps medical group.

(1) The following areas are subjects of mutual concern for division and corps medical staff elements:

- Medical regulating.
- Division CHS requirements.
- Ground and air ambulance support and maintenance.

- Class VIII resupply and maintenance.
- Blood management.
- Status of corps medical elements attached, or OPCON, to the division.
- Medical threat and intelligence estimates.
- Captured medical supplies and equipment.
- Reinforcement and reconstitution of CHS elements.
- Civil affairs and host-nation support.
- Communications.
- Locations of medical elements in support of the division.
- Preventive medicine, mental health, dental, or' veterinary assistance.

(2) Logistical support requirements for corps medical elements operating in the division must be identified and coordinated with the corps support battalion (forward). When division support is not available, this support is normally provided by the corps support battalion (forward). Coordination may be required for—

- Class I. Subsistence items and gratuitous health and welfare items.
- Class II. Items of equipment other than principal items which are prescribed

in authorization and allowance tables: individual equipment, clothing items, tentage, tool sets, and administrative and house-keeping supplies.

- Class III. Petroleum, oils, and lubricants (POL): petroleum fuels, hydraulic and insulating oils, chemical products, antifreeze compounds, compressed gases, coal.
- Class IV. Construction and barrier materials, lumber, sandbags, barbed wire.
- Class V. Ammunition.
- Class VII. Major end items: final combination of items which are ready (assembled) for intended use.
- Class IX. Repair parts.
- Field services (billeting, showers, and services).
- Personnel replacements (corps supported).

b. The MEDLOG battalion (forward) is organic to the corps medical brigade. The MEDLOG battalion (forward) provides CHL support to medical units supported in the corps. This support includes Class VIII resupply, medical equipment maintenance, blood and blood products, and single-vision optical fabrication. Division medical operations center interface with the MEDLOG battalion (forward) may be required for—

- Emergency Class VIII resupply.

- Repair of medical equipment.
- Blood management,
- Optical fabrication requirements.
- Management of captured medical materiel.
- Storage and decontamination techniques to minimize NBC contamination of Class VIII supplies.

c. The headquarters and headquarters detachment medical evacuation battalion serves as the central manager of ground and air evacuation assets in the corps. Its mission is to provide C2 of ground and air medical evacuation units within its AO. Information pertaining to the organization, functions, and capabilities of this unit is discussed in FM 8-10-6. The DMOC interfaces with the medical evacuation battalion or subordinate units concerning—

- Air and ground movement liaison within the division AO.
- Reinforcement of division CHS assets.
- Mass casualty evacuation plans.
- Evacuation of patients from division to supporting corps hospitals.
- Emergency movement of medical personnel, supplies, and blood.
- Ambulance shuttle operations to include ambulance exchange points (AXPs) and patient collecting points.
- Status of medical evacuation battalion elements operating in the division.
- Management and decontamination of ground/air evacuation assets.
- Support requirements for forward deployed medical evacuation battalion assets.
- Location of medical evacuation battalion assets.
- Location of division medical elements.
- Tactical situation and threat updates.
- Delivery of blood and blood products.
- Reinforcement of covering force and deep operations evacuation assets.
- Road and movement clearances.
- Maintenance support, to include aviation intermediate maintenance (AVIM).
- Emergency resupply of medical and nonmedical items (if required).
- Communications requirements and signal operation instructions (SOI).
- Updated tactical maps and evacuation overlays.

- Terrain considerations and barrier plans for ambulances.
- Evacuation destination (MRO functions).
- Division and brigade A2C2 requirements.
- Combat search and rescue mission.
- Locations of forward area rearm/refueling points (FARPs).
- Liaison requirements with supported units.
- Recommended evacuation corridors.

(1) Within the division area, the air ambulance company provides aeromedical evacuation on a DS basis. This company may be attached for support (less OPCON) to the division aviation brigade. Air ambulances may operate from the DSA and BSAs providing 24-hour immediate response medical evacuation capability. Successful aeromedical evacuation support to the division requires current and accurate operational information. This information includes A2C2, current intelligence, friendly situation, air traffic service procedures, weather, CSS, and aviation safety and standardization data. To enhance the safety and effectiveness of aeromedical operations, operations information should flow between air ambulance units and the GS aviation battalion or assault helicopter battalion of the respective aviation brigade. Information is exchanged by various methods including on-site coordination or communications systems. The air ambulance company can obtain information through various sources such as the DMOC and maneuver brigade tactical operations centers (TOCs). However, during the planning and execution phases of operations, the medical evacuation battalion and the aviation unit to which the air ambulance company is attached are the primary sources for providing this information. The DMOC also provides A2C2 planning information to the air ambulance company. This information includes, but is not limited to, the following:

- Location of medical units.

The air ambulance company, in turn, continually provides the medical evacuation battalion, aviation brigade, and DMOC with updated information about its current and planned operations. The company also provides pertinent combat information obtained during missions. This information includes enemy disposition, downed aircraft, weather, and other factors obtained by air ambulance crews during the performance of their duty. All medical evacuation crews communicate directly with the division air traffic service and execute A2C2 while operating behind brigade boundaries.

(2) Air ambulances, collocated with the MSB, coordinate air ambulance evacuation missions in the DSA through the MSB HSSO. The HSSO is located in the support operations cell of the MSB. The HSSO provides real-time tactical information to the air ambulance crew about evacuation missions from the requesting unit. When air ambulances operate in the DSA, they execute the A2C2 plan through and communicate directly with the division air traffic service. Emergency requests for aeromedical evacuation may be relayed from the DMOC to the HSSO who coordinates with air ambulances elements for the mission. When air ambulances are positioned at other locations in the DSA, the HSSO submits aeromedical evacuation requests through the DMOC to the supporting air ambulance element.

(3) Air ambulances deployed forward into the BSA may collocate with the FSB or aviation task force. When deployed forward to the BSA, the air ambulance team's evacuation missions

are coordinated through the HSSO. The HSSO is located in the support operations cell of the FSB. The HSSO provides real-time tactical information to the air ambulance crew about evacuation missions from the maneuver battalion/company to the brigade rear area. When air ambulances operate forward of the BSA, they will execute the A2C2 plan through the maneuver brigade S3. The FSB support operations branch provides planning and coordination between aeromedical evacuation and the supported maneuver brigade. The brigade S3 provides the A2C2 plan which includes the air corridors, air control points, and communications checkpoints. The brigade S3 will provide updates as required.

(4) The medical evacuation battalion communications link to the air ambulance company is accomplished by a combination of wire, FM voice, and MSE. To enable air-to-air communications between medical evacuation aircraft and aviation brigade aircraft during the conduct of missions, air ambulance companies obtain aviation unit call signs, frequencies, and cryptonet variables.

(5) Corps aeromedical elements may operate from the DSAs and BSAs providing around-the-clock immediate response evacuation aircraft. To accomplish this, elements must maintain a close tie with the A2C2 system in the division. The division A2C2 element provides an airspace plan through the division operation order (OPORD)/operation plan (OPLAN) A2C2 annex. The aircrew must also be familiar with the daily airspace control order (ACO) and the airspace control plan (ACP). These documents contain all airspace control measures (ACM) to include free fire areas, no fly/fire areas, restricted operations zones (ROZ), established and standard Army aircraft flight routes (SAAFRs). These routes and ACMs change on a daily basis and cannot be integrated into the division OPORD. The DMOC will ensure all A2C2 information is provided to corps aeromedical elements. The DMOC does not generate A2C2 information, but does provide A2C2

planning information to division A2C2 elements. This information includes, but is not limited to, the following:

- Locations of medical air elements and number of aircraft at each location.
- Locations of medical aviation and medical units.
- Locations of FARPs.
- Locations of supported units and liaison requirements.
- Locations of evacuation corridors and recommendations on usage.

(6) All medical air-flight crews will communicate directly with the division air traffic service and execute division A2C2 while operating behind brigade boundaries. The medical evacuation battalion may deploy air ambulance elements to the division. These elements may include an air ambulance company or a selected element of the company. When the air ambulance company is deployed to the division, it collocates with the aviation brigade or according to the division TSOP. Air ambulance companies will obtain A2C2 information from the division A2C2 section and coordinate with the DMOC (see Figure 1-2, page 1-23). Air ambulance teams may be deployed forward into the BSA and collocate with the FSB. When deployed forward, the air ambulance team is dependent on the FSB for communications support. When air ambulance elements operate forward of the brigade rear boundary, they will execute the A2C2 plan through the brigade S3. The FSB support operations branch provides planning and coordination between air evacuation elements and the maneuver brigade S3. Information provided to the maneuver brigade S3 should include, but not be limited to, the following:

- Location of MTFs and AXPs.
 - Location and number of aircraft in sections.
 - Location of FARPs.
 - Locations of supported units and liaison requirements.
 - Locations of evacuation corridors and recommendations on usage.
- (7) The brigade S3 provides the A2C2 plan which includes the air corridors, air control points, and communications checkpoints. The brigade S3 will provide updates as required. Figure 1-2 depicts the medical A2C2 information flow.

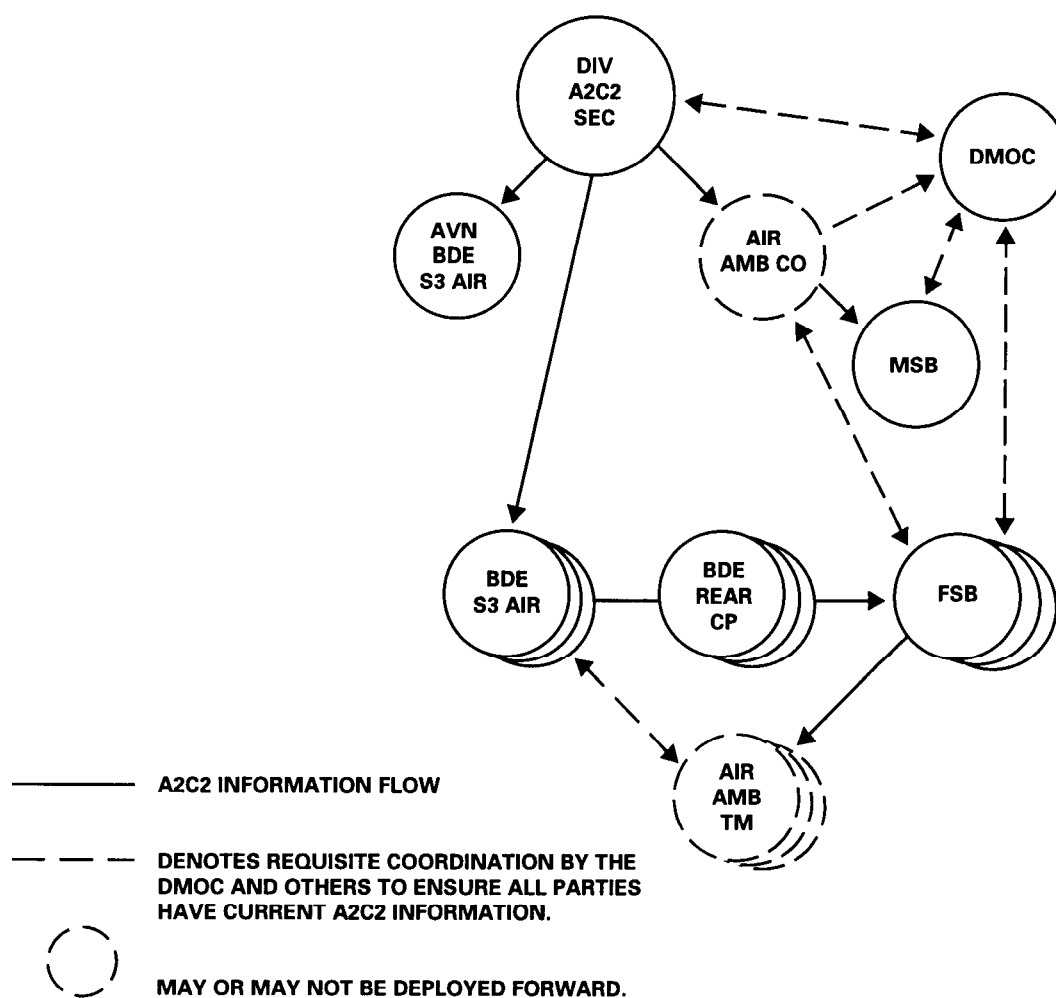


Figure 1-2. Medical Army airspace command and control information flow.